

## FY09 HOPES-HFI FISCAL REPORT

**Name of Contractor:** Buchanan County Volunteer Services, Inc.

**Project Site:** Buchanan County

Person preparing report: Brenda Ristvedt

**I. Enter the expenditures claimed to the FY09 IDPH Contract. (These numbers will match the records at IDPH from submitted expense vouchers)**

**A. All FY09 Expenditures for HOPES-HFI program/services model:**

Budget Category	State Grant and TANF
a. Salary, Fringe, and Benefits – (FAW, FSW, Administration and Support Staff)	\$40,600
b. Equipment	0
c. Other – (Travel, Conferences, Workshops & Training)	4,802
d. Admin/Indirect	0
<b>Total</b>	<b>\$45,802</b>

**B. Total Revenue from IDPH HOPES-HFI FY09 Grant Contract: \$45,802**

**II. List all sources of FY09 revenue that supported and financed the total expenses of the FY09 HOPES-HFI program/services model. The revenue should include only amounts used to support the HOPES-HFI program/services model.**

**A. All FY09 Revenue for HOPES-HFI Program/services Model:**

SOURCE	CASH	IN-KIND
1. State Grant and TANF (number entered in B. above)	\$45,402	
2. Community Empowerment	25,911	
3. DHS Decat		
4. United Way/Community Chest		
5. Care Coordination for Kids EPSDT		
6. Certified Home Health Care		
7. Local Tax/County		
8. Contractor Organization		
9. Incentive \$ from grant	400	
10. Other (Identify)		
11. Other (Identify)		
<b>Total</b>	<b>\$ 71,713</b>	

**B. Total the cash & in-kind Revenue: \$71,713**  
(add totals from Cash and In-kind columns above)

**C. Describe the method used to determine value of In-Kind:**  
(may attach a separate sheet if needed) N/A

- III. FY09 HOPES-HFI EXPENSE:** Includes all expenses reimbursed for the total HOPES-HFI program/services model. The reimbursed expenses should include only amounts used to support the HOPES-HFI program/services model families as reported in B, 3 on the service report and C. below. *Example: If you received \$100,000 from empowerment for home visiting and \$60,000 was used to support the HOPES-HFI program and \$40,000 was used to support a PAT program, you would only report the \$60,000 below under Reimbursed Expenses.*

A. Sources to Reimburse Expenses	Reimbursed Expenses
1. State Grant & TANF Contract (number entered in I. B.)	\$ 45,402
2. Community Empowerment	25,911
3. DHS Decategorization	
4. United Way/Community Chest	
5. Care Coordination for Kids (EPSDT)	
6. Certified Home Health Care	
7. Local Tax/County	
8. Contractor Organization	
9. Incentive \$ from grant	400
10. Other (Identify)	
11. Other (Identify)	
<b>Total</b>	<b>\$ 71,713</b>

- B. 10** Enter the % of FY09 total expenses for administration of HOPES-HFI program/services.
- C. 50** Total FY09 Family Caseload, including prenatal families, not delivered before July 1, 2009. (Families match the total entered in B, 3 on FY09 Services Report)
- D. 1,434** Average FY09 Cost per Family. (Divide total expenses in III, A. by the total of families in III, C)
- E. 6,984** Total Direct Service Hours provided during FY09. (includes all prenatal, outreach, and participating families) Description of direct service hours – Includes all time spent directly on providing services for the families i.e. HV, no show, documentation, communicating with/researching resources, transporting, etc. Does not include such things as conferences/training, general outreach/marketing to community partners, vacation/holiday/sick time.
- F. 10.27** Average FY09 cost per Direct Service Hour. (Divide total expenses in III, A by the total of direct service hours in III, E)
- G. 881** Total FY09 completed home visits for prenatal, outreach, and participating families. (Visits match the total entered in Q, 1 on FY09 Services Report)
- H. 81.40** Average FY09 cost per completed home visit. (Divide total of reimbursed expenses in III, A by the total number of completed home visits in III, G)